

RE-EXAMINATION APPLICATION FOR NURSING HOME ADMINISTRATOR NATIONAL EXAMINATION

Return this completed form 30 days prior to exam date, with a check or Money Order for the application fee of \$25, (payable to NHAP) to the following address:

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER *
MAILING ADDRESS (Number)	(Street)		WORK TELEPHONE NUMBER ()
(City)	(County)	(State)	(Zip Code)
			HOME TELEPHONE NUMBER ()
E-MAIL ADDRESS	DRIVER LICENSE NUMBER		DATE OF BIRTH

* Disclosure of your social security number (SSN) is mandatory. Health and Safety Code, Chapter 2.35, Section 1416.28 authorizes collection of your SSN. If you fail to disclose your SSN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Have you ever pled guilty or nolo contendere to, or been convicted of any crime (other than minor traffic violations)? ☐ YES ☐ NO

IF THE ANSWER TO THIS QUESTION IS YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. PROVIDE CERTIFIED COPIES OF ARREST REPORT AND COURT DOCUMENTS THAT INCLUDE THE FOLLOWING AS APPLICABLE: CRIMINAL COMPLAINT, PLEA AND JUDGEMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT ON AGENCY LETTERHEAD, FROM THE AGENCY YOU ARE REQUESTING RECORDS. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.

This is my ☐ First ☐ Second ☐ Third attempt on the National Examination.

CITIZENSHIP (Health and Safety Code 1416.22(a))

(a) Are you a United States Citizen? ☐ YES ☐ NO

(b) Are you at least 18 years of age or older? ☐ YES ☐ NO

☐ I am enclosing a check or money order in the amount of

\$

AN APPLICANT'S ELIGIBILITY FOR LICENSURE SHALL BE DEPENDENT ON SUCCESSFUL COMPLETION OF THE NATIONAL AND STATE EXAMINATIONS.

** CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected. **

I certify under penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this application with the Nursing Home Administrator Program. I understand that if I fail to appear for the examination as scheduled, the fees are non-refundable.

APPLICANT'S SIGNATURE **

DATE SIGNED **

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

FOR NHAP OFFICE USE ONLY	
CASH. #	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Denied <input type="checkbox"/> Training Requirements
NHAP INITIALS	<input type="checkbox"/> Attempt 1 <input type="checkbox"/> Attempt 3
AMOUNT	<input type="checkbox"/> Attempt 2 <input type="checkbox"/> Exam Candidate #
	STAFF DATE PROCESSED